

## HISTORY FACILITY PROFILE

HERITAGE BENNION CARE CENTER  
6246 SOUTH REDWOOD ROAD  
SALT LAKE CITY UT 84123  
STATE'S REGION CODE: 001

PROVIDER #: 465066      FACILITY BEDS  
PHONE NUMBER: (801) 969-1420      TOTAL: 104  
PARTICIPATION DATE: 07/18/1977      CERTIFIED: 104      TYPE OWNERSHIP: FOR PROFIT - CORPORATION

COMPLIANCE STATUS: FACILITY MEETS REQUIREMENTS BASED ON AN ACCEPTABLE PLAN OF CORRECTION

## RESIDENT CENSUS ON 04/11/2002

TOTAL: 98  
MEDICARE: 31  
MEDICAID: 43  
OTHER: 24

## LTC ADMISSION/SUSPENSION DATES

ADMISSION SUSPENDED:  
SUSPENSION RESCINDED:

TOTAL CERTIFIED BEDS: 104

18      18/19      19      ICF/MR  
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104

## CURRENT SURVEY REVISIT DATES - 07/03/2002

PRIOR 3 SURVEY 06/1999	S/S CODE	PRIOR 2 SURVEY 08/2000	S/S CODE	PRIOR 1 SURVEY 06/2001	S/S CODE	CURRENT SURVEY 04/11/2002	S/S CODE	PLAN/DATE OF CORRECT	PROGRAM REQUIREMENTS
		X		D					REQ F0156-INFORM RES OF SERVICES/CHARGES/LEGAL RGTS/ETC
				X	E	X C	E	06/10/2002	REQ F0157-INFORM OF ACCIDENTS/SIG CHANGES/TRANSFER/ETC
				X	D	X C	D	06/10/2002	REQ F0164-PERSONAL PRIVACY/CONFIDENTIALITY OF RECORDS
				X	D				REQ F0221-RIGHT TO BE FREE FROM PHYSICAL RESTRAINTS NOT REQ
									REQ F0225-NOT EMPLOY PERSONS GUILTY OF ABUSE
X	E								REQ F0241-DIGNITY
X	E								REQ F0252-SAFE/CLEAN/COMFORTABLE/HOMELIKE ENVIRONMENT
X	E								REQ F0258-COMFORTABLE SOUND LEVELS
X	E	X		E					REQ F0279-DEVELOP COMPREHENSIVE CARE PLANS
X	E	X		E					REQ F0281-SERVICES PROVIDED MEET PROFESSIONAL STANDARDS
				X	E	X C	D	06/10/2002	REQ F0309-PROVIDE NECESS CARE FOR HIGHEST PRAC WELL BEING
X	E								REQ F0312-ADL CARE PROVIDED FOR DEPENDENT RESIDENTS
X	H								REQ F0314-PROPER TREATMENT TO PREVENT/HEAL PRESSURE SORES
X	D			X	D				REQ F0327-FACILITY PROVIDES SUFFICIENT FLUID INTAKE
X	D	X		D					REQ F0333-RESIDENTS FREE FROM SIGNIFICANT MED ERRORS
				X	C				REQ F0368-FREQUENCY OF MEALS/INTERVALS BETWEEN MEALS
						X C	D	06/10/2002	REQ F0371-STORE/PREPARE/DISTRIB FOOD UNDER SANITARY CONDS
X	D								REQ F0372-DISPOSE GARBAGE & REFUSE PROPERLY
X	D					X C	E	06/10/2002	REQ F0426-FACILITY PROVIDES PHARMACEUTICAL SERVICES
				X	C				REQ F0428-RES DRUG REGIMEN REVIEWED MONTHLY BY PHARMACIST
X	D			X	E				REQ F0432-DRUGS STORED IN LOCKED COMPARTMENTS/UND PROP TEMP
		X		E					REQ F0441-FACILITY ESTABLISHES INFECTION CONTROL PROG
									REQ F0444-WASH HANDS WHEN INDICATED
X	H					X C	E	06/28/2002	REQ F0460-ROOMS DESIGNED TO ASSURE FULL VISUAL PRIVACY
						X C	E	06/10/2002	REQ F0490-FACIL ADMINISTERED EFFECTIVELY TO OBTAIN HIGHEST
						X C	E	06/10/2002	REQ F0494-NURSE AIDE TRAINING/COMPETENCY
X	E					X C	E	06/10/2002	REQ F0496-NURSE AIDE REGISTRY VERIF/MULTISTATE REG VERIF
X	E	X		E					REQ F0502-FACIL PROVIDES/OBTAINS LAB SERVICES
X	H								REQ F0514-CLINICAL RECORDS MEET PROFESSIONAL STANDARDS
									REQ F0521-QA COMMITTEE MEETS QTRLY/DEVELOPS/IMPLEMENTS PLAN

## EDITION OF LSC APPLIED

85 EXIST 85 EXIST 85 EXIST 85 EXIST  
PRIOR 3 PRIOR 2 PRIOR 1 CURRENT  
SURVEY SURVEY SURVEY SURVEY  
05/1999 08/2000 06/2001 04/17/2002

PLAN/DATE  
OF CORRECTION

LSC DEFICIENCIES - BLDG NO. 01

X									K0017-CORRIDOR WALLS
			X						K0018-CORRIDOR DOORS
			X						K0025-SMOKE PARTITION CONSTRUCTION
	X			X N				06/10/2002	K0027-DOORS IN SMOKE PARTITIONS
X				X C					K0038-EXIT ACCESS
X									K0054-SMOKE DETECTOR MAINTENANCE
									K0064-PORTABLE FIRE EXTINGUISHERS
		X							K0072-FURNISHING AND DECORATIONS
				X C				05/01/2002	K0130-OTHER

TYPE OF DEFICIENCY	CURRENT SURVEY	PRIOR 1 SURVEY	PRIOR 2 SURVEY	PRIOR 3 SURVEY
CONDITION	0	0	0	0
REQUIREMENT	9	8	6	16
HEALTH TOTAL	9	8	6	16
LIFE SAFETY CODE	3	3	2	3
LIFE SAFETY CODE + HEALTH	12	11	8	19

## COMPLAINT SURVEY INFORMATION

SURVEY DATE	STATUS
07/16/2002	UNSUBSTANTIATED
08/27/2002	SUBSTANTIATED
11/12/2002	UNSUBSTANTIATED
12/03/2002	UNSUBSTANTIATED

## FMS SURVEY INFORMATION

\* NO FMS SURVEYS FOR THIS FACILITY

C=DATE OF CORRECTION      N=NO DATE GIVEN      P=PLAN OF CORRECTION      R=REFUSED TO CORRECT      W=WAIVED      F=FSSES      X=DEFICIENT  
COP = CONDITION      REQ = REQUIREMENT